

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09534305</b>	FILING DATE <b>03-13-00</b>
<b>CLAIMS</b>							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
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<b>TOTAL DEP.</b>							
<b>TOTAL CLAIMS</b>							